



## **STATE OF MONTANA**

### **9-1-1 TELEPHONE SYSTEM APPLICATION**

Mail or Fax completed application to:

State of Montana 9-1-1 Program  
Information Services Division  
P.O. Box 200113  
Helena, MT 59620-0113  
Fax (406) 444-0165

## **GENERAL INSTRUCTIONS**

When completing the application for an Enhanced 9-1-1 emergency telephone system, do not attempt to complete this form until a 9-1-1 jurisdiction has been formed, a project coordinator designated and a planning process accomplished. In order to expedite the plan approval process (180 days maximum for an Enhanced 9-1-1 plan), it is important that all sections of the plan be addressed. Plan applications will be returned if required sections are incomplete or if the necessary signatures are not provided.

If you have any questions, do not hesitate to contact the state's 9-1-1 program office at 444-2700 in Helena.

### **1. Type of Plan**

Check the box which applies to this application. Check E9-1-1 Plan if this is your initial application for an Enhanced 9-1-1 telephone system. Check E9-1-1 Revision if you are making revisions or amendments to a currently approved E9-1-1 system.

### **2. County(s)**

Provides the names of the counties involved in this application. This is important when a 9-1-1 jurisdiction overlaps part of an adjoining county.

### **3. Project Coordinator**

Provide the requested information on the individual designated as the "project coordinator" and primarily responsible for the development and submission of the 9-1-1 application. (Let us know who the principle contact person is, should any questions arise.)

### **4. PSAP Manager**

Provide the requested information on the individual responsible for the day-to-day operation of the 9-1-1 PSAP if he/she is someone other than the project coordinator.

### **5. PSAP**

Provide the number of public safety answering points (PSAPs) in your 9-1-1 jurisdiction.

### **6. Number of Central Offices (CO)**

How many telephone company central offices cover the geographic area of your 9-1-1 jurisdiction?

Date of Application: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_ Pages

**ENHANCED 9-1-1  
EMERGENCY TELEPHONE SYSTEM PLAN SUMMARY**

*This application is to serve as a summary of the plan to establish an emergency 9-1-1 telephone system as required by 10-4-101 through 10-4-113. Submission of this application is intended to expedite the state review and approval process by the Department of Administration.*

<b>1. TYPE OF PLAN</b> (Mark Appropriate Boxes)	<input type="checkbox"/> E9-1-1 PLAN <input type="checkbox"/> E9-1-1 REVISION	<b>2. COUNTY(S):</b>
<b>3. PROJECT COORDINATOR</b>  a. Name: _____ b. Agency: _____ c. Street/P.O. Box: _____ d. City, State, Zip Code: _____ e. Telephone Number: (    ) _____		<b>4. PSAP MANAGER (if different)</b>  a. Name: _____ b. Agency: _____ c. Street/P.O. Box: _____ d. City, State, Zip Code: _____ e. Telephone Number: (    ) _____
<b>5. HOW MANY PSAPs COVERED BY THIS APPLICATION? (#) _____</b>		
<b>6. NUMBER OF TELEPHONE CENTRAL OFFICES COVERED BY THIS APPLICATION? (#) _____</b>		

## **1. Project Overview**

Describe the proposed Enhanced 9-1-1 emergency telephone system, its implementation and operation. The narrative should enable the reader to understand the general operation of the public safety answering point(s). Please describe how you intend to phase-in a total Enhanced 9-1-1 system if you are financially or technically unable to have a jurisdiction-wide enhanced system at this time.

This section must include:

- A. If you are filing a plan for a newly formed 9-1-1 jurisdiction or if your 9-1-1 jurisdictional boundaries are changing you must include a detailed map indicating:
  - (1) the geographic location of the 9-1-1 jurisdiction;
  - (2) political and jurisdictional boundaries; and
  - (3) the telephone company central office boundaries.
  
- B. A plan for assigning physical addresses if your jurisdiction is not completely addressed.

- C. A plan for conversion to dedicated trunking if you are currently using another method of call routing. Include a map or diagram indicating the telephone central offices, trunking and call routing configurations for the proposed system.

- D. A plan for addressing E9-1-1 for cellular/wireless emergency calls.

- E. A plan for automatic number identification (ANI) and automatic location identification (ALI) that includes all central offices in the jurisdiction.

Please include:

1. Customer Premise Equipment Requirements (telephone system, computer hardware, etc.)
2. Data base design
3. Data base provider
4. Software requirements
5. Plan for data base maintenance

F. List central office which will require selective routing or class marking.

G. Provide a schematic of the proposed E9-1-1 routing configuration.

**2. Telecommunicator Training**

As provided in 10-4-113(7e) MCA a 9-1-1 jurisdiction's plan for Enhanced 9-1-1 must include a plan for 9-1-1 dispatcher training. Please provide a dispatcher training plan that includes at a minimum:

- A. Telecommunicator Basic School at Montana Law Enforcement Academy; or
- B. Emergency Medical Dispatch training; or
- C. Other training (please provide description of type of training).
- D. Describe how you intend to make the training available to as many of your dispatch staff as possible.
- E. Cost estimates to acquire training (registration, mileage, per diem, etc.)



**3. Central Office Information (use additional pages as required)**

City: \_\_\_\_\_

County: \_\_\_\_\_

C.O. Name: \_\_\_\_\_

Prefixes served: \_\_\_\_\_

Number of Subscribers in the Central Office: \_\_\_\_\_

Telephone Utility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Company Contact Name: \_\_\_\_\_

Telephone Company Contact Phone: \_\_\_\_\_

Number of 9-1-1 circuits for this CO: \_\_\_\_\_

**3. Central Office Information (use additional pages as required)**

City: \_\_\_\_\_

County: \_\_\_\_\_

C.O. Name: \_\_\_\_\_

Prefixes served: \_\_\_\_\_

Number of Subscribers in the Central Office: \_\_\_\_\_

Telephone Utility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Company Contact Name: \_\_\_\_\_

Telephone Company Contact Phone: \_\_\_\_\_

Number of 9-1-1 circuits for this CO: \_\_\_\_\_

**4. Implementation:**

Person that will coordinate implementation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Schedule for implementation:

**5. Capital and Recurring E9-1-1 System Costs**

Identify your monthly E9-1-1 line charges, costs associated with automatic number identification, automatic location identification, data base construction and associated maintenance costs, costs to provide selective routing, new computer hardware, dispatcher training, etc.

Please list equipment such as telephone systems, generators, radios and other communications equipment which may be purchased. 10-4-112(2) MCA.

**Jurisdiction:**

[illegible]

Add Additional pages as Needed

**6. Written Approval**

Plans for Enhanced 9-1-1 emergency telephone systems must be approved by the governing bodies of all participating public and private safety agencies in the area served by this plan.

First, list all the participating agencies in the space provided, check the box which describes how their calls for service will be handled by the PSAP, then obtain their signature and indicate the title of the individual legally authorized to sign for the agency.

## 6. WRITTEN APPROVAL OF ENHANCED 9-1-1 PLAN

(Attach Additional Pages as Required)

[illegible]